

CALIFORNIA'S HEALTH

STATE DEPARTMENT OF PUBLIC HEALTH
ESTABLISHED APRIL 15, 1870

PUBLISHED SEMI-MONTHLY

SAN FRANCISCO 2, 760 MARKET STREET

ENTERED AS SECOND-CLASS MATTER JAN. 28, 1949, AT THE POST OFFICE AT SAN FRANCISCO, CALIFORNIA, UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE SPECIAL RATE APPROVED FOR IN SECTION 1103, ACT OF OCT. 3, 1917

GOODWIN J. KNIGHT
GOVERNOR

MALCOLM H. MERRILL, M.D.
DIRECTOR OF PUBLIC HEALTH

STATE BOARD OF PUBLIC HEALTH

CHARLES E. SMITH, M.D., President
San Francisco

JAMES F. RINEHART, M.D., Vice President
San Francisco

ELMER BELT, M.D.
Los Angeles

MRS. P. D. BEVIL
Sacramento

HARRY E. HENDERSON, M.D.
Santa Barbara

ERROL R. KING, D.O.
Riverside

SAMUEL J. MCCLENDON, M.D.
San Diego

SANFORD M. MOOSE, D.D.S.
San Francisco

FRANCIS A. WALSH
Los Angeles

MALCOLM H. MERRILL, M.D.
Executive Officer
Berkeley

ANN WILSON HAYNES, Editor
ALTON E. WILSON, Associate Editor

VOLUME 11, NUMBER 22

MAY 31, 1954

Public Health in California in 1954*

MALCOLM H. MERRILL, M.D., M.P.H., California State Director of Public Health

It is with pleasure and pride that I call to order this eighth semiannual meeting of the California Conference of Local Health Officers. In this organization and its relationship with the State Department of Public Health we have a unique example of democracy in action. This conference was founded under the guidance of one of the Nation's greatest leaders in public health—Dr. Halverson. I want to assure you that with the change in directorship no basic changes are contemplated in the relationship of the conference to the department.

At our conferences the Director of Public Health has an opportunity to review recent developments and point up matters for our mutual consideration in the months ahead.

Each year about this time in the State Department of Public Health the director holds program reviews with the respective program chiefs. You might be interested in hearing of some of the things presented by the Division of Local Health Services.

LOCAL HEALTH SERVICES

The multiple evidences of developing progress in this conference were emphasized. Among other things mentioned were your grasp of the relative significance of the State's public health problems, your increasingly systematic and businesslike approach to their solution and your willingness to face them squarely.

There were, however, a few areas called to my attention wherein our department may extend more

definitive aid to you. These were primarily in the general field of administrative practice. Even though you have made remarkable progress in improving working relationships within your own staffs, with community agencies and with your county medical associations, it was indicated that perhaps more could be done in these areas that would contribute to the effectiveness of our mutual efforts.

How fully are we utilizing the interest and potential of the county medical societies? One physician recently remarked, "We can only make the public health committees of our associations as effective as the local health officers are willing to make them." Does not the same question apply to other community groups? Perhaps by our joint study we can devise methods that will strengthen this segment of our program.

I would commend this to you as something appropriate for the conference and the department to study during the coming months.

Another concept brought out was the great improvement in recent years in the standard of personnel in local health departments. The impact of this increased competence upon the nature and extent of consultation provided by the state department needs careful study. A beginning has already been made in this regard through the joint meeting of our administrative staff with the Committee on Administrative Practice and follow-up study in our department.

*Condensed from an address to the California Conference of local health officers at their semiannual meeting in Los Angeles May 13-14, 1954.

Training

The remarkable improvement that has occurred in recent years in the quality of personnel in local health departments did not occur by chance. A long-continued and carefully planned training program has played an important role in the development of competent public health workers in California. Careful selection and good training has paid off. Maintaining a high level of performance is dependent upon continuing to develop high level personnel for replacements and to fulfill the needs of further growth. Yet we almost lost the catalyst for the development of this human resource at the recent session of the Legislature. I tell you frankly I feel it was the strength of this organization and the support it was able to rally that preserved this training program for another year.

Now we are confronted with the problem of carefully analyzing our whole approach to the preparation of personnel for public health careers. Concrete action has already been taken. Administration of the program, in line with this conference recommendation, is being more clearly defined and authority more specifically assigned within the State Department of Public Health. A Training Office has been established within the Division of Administration with authority to administer the training program. At the May 11th meeting of the State Board of Public Health a Training Advisory Committee with broad representation from outside the department was appointed. Two local health officers will be members of this committee.

A meeting has been called for June 3d to review past practices, policies and accomplishments and to advise the department on policies for the immediate future. Prior to the next legislative budgetary session we are hopeful that the plans can be formulated for a continuing training program that we, you, and all our friends can solidly support. Such a plan must realistically take into account the present financial situation and the needs of public health.

Rural Areas

There are still 14 counties without organized health services. We are currently attempting to find out what these counties now have in the way of public health resources, what they need, and what it is practicable to provide. Intensive studies are planned in three counties: the Trinity County study has been completed; the Glenn County study is in process; and a third, as yet undesignated, is being considered. This sampling will be supplemented by further studies as indicated. The aid of the conference will be needed

in solving the problem of extending modern public health services to this vast rural and recreational area.

CMA CONFERENCES**Rural Health Conference**

A rural health conference is being called early next year by the California Rural Health Council. The formation of this council, as you know, was sponsored by the Rural Health Committee of the California Medical Association, with membership including the California Medical Association, the State Department of Public Health, the U. C. School of Public Health, the Farm Bureau Federation, the Parent-Teachers' Association, Agricultural Extension and the Grange.

This conference will be held in Fresno February 11 and 12, 1955. It is planned to define problems in rural health, offer solutions and recommendations and suggest methods for activating findings at local and state levels. Participants will be individuals and groups interested in maintaining and improving California rural health. Such matters as migrant problems, health insurance, rural physician problems, health and medical services, sanitation, hospital facilities and occupational diseases from agricultural chemicals will be considered. I'm sure the conference will want to be prominently represented at this meeting.

Physicians and Schools

I also would like to call your attention to another conference under the basic sponsorship of the California Medical Association. The C.M.A. is calling a conference on physicians and schools, to be held in Fresno on November 12 and 13, 1954. This is the first such conference to be held in the State. Attendance will be on an invitational basis. The State Departments of Education and Public Health have been invited to participate in the planning and in the selection of individuals who should attend. We shall be seeking the assistance of the conference in selecting an invitational list. We urge the fullest cooperation with the California Medical Association in this significant activity.

PREVENTIVE MEDICAL SERVICES

Let us next consider a few items in the general field of preventive medical services.

Chronic Diseases

With the changes occurring in the age distribution of our people, and in the pattern of disease affecting them, there has been growing interest in and emphasis upon the public health significance of the chronic diseases. Some years ago our department established a Bureau of Chronic Diseases and initiated limited

activities in this field. The program has been financed thus far with federal grants-in-aid. Should legislation now pending in Congress relating to grants-in-aid be adopted, categorical grants, such as those for cancer and heart disease, will be terminated. It is probable that this coming year we shall need to seek state legislative appropriation for the chronic disease program. The advice and help of the conference will be sought in regard to this matter.

You are, of course, already fully cognizant of the extensive study the department has under way in the field of current morbidity measurement. Also, negotiations are under way for a foundation grant to assist the department in studies of the epidemiology of chronic diseases. I am confident we will be jointly considering many facets of the chronic disease problem during the coming year.

Mental Health

The role of the state and local health departments in the field of preventive mental health is not yet defined in this State. Our own department's activities in this field have been markedly curtailed as a result of cuts in federal grants-in-aid. There is a growing interest throughout the Nation in applying preventive measures to lessen the mounting costs of mental illness and alleviate the suffering from it. The administrative structure for applying preventive measures at the local level is currently nonexistent in California. In one state, a completely new structure of local mental health authorities is being proposed. We may very well be confronted with a decision on the administrative pattern for such a program in California during the coming year.

Should an entirely new agency in the form of a local mental health authority be developed or should the local health department assume this responsibility? The public health organization in our State contains extensive resources in administrative "know-how." It is to be hoped that we will all lend the best of our knowledge and experience to help solve this difficult social problem.

Maternal and Child Health

There will be some items for our joint consideration in the maternal and child health fields.

At the July 29, 1952, meeting of the Study Committee on Maternal and Child Health the staff of our department was requested to prepare from available material and with the advice of experts a statement of standards for prenatal care for review by the committee. The department will be prepared to present this material at the next meeting of the committee.

There is also pending a study of prenatal care in county hospitals. The department is proceeding with this matter and will carry out the project with the Conference's Maternal and Child Health Study Committee.

At the same meeting of the committee in 1952 it was recommended that the department secure advice of experts on the matter of definition of prematurity and make recommendations to the Study Committee as to whether or not the birth certificate should be changed in this regard. The recommendations on this item will also be presented at the next meeting of the committee.

In the maternal and child health field there is one other project I should like to call to your attention. It is imperative that we periodically take inventory of our practices lest they become outmoded, ineffective, or even useless. Our MCH staff has become increasingly concerned about the place of the child health conference in modern public health practice. An attempt at evaluation of this practice is being planned. A grant of funds has been obtained from the Children's Bureau to plan and implement the study. If an acceptable plan is developed, a study over several years will be undertaken. Dr. Ramona Todd of our staff is directing the project. The department will be approaching some of you for advice, assistance and participation in this evaluation.

CRIPPLED CHILDREN

We feel that further encouraging progress has been made in the past year in the administration of the crippled children's program. Your assistance, particularly in the conferences on eligibility determination, is appreciated.

In one area, however, hoped-for progress has not been achieved. This is in the decentralization of the administration of the service. Several additional counties are now fully qualified to carry on an effective independent program, but are not yet doing so. At the meeting of the State Advisory Committee May 7, 1954, assurances were given by the representatives of the California Medical Association and the State Crippled Children's Society that they would lend every possible assistance toward accomplishing this objective. The department also solicits the aid and suggestions of the conference in this matter.

OCCUPATIONAL HEALTH

Within the last 15 years California has become one of the leading industrial states in the Nation. During this period the working population has more than doubled, and thousands of new materials and proc-

esses have been introduced by industry. This development has resulted in the accentuation of old problems and the addition of many new problems related to the health of the working population of our State. Therefore, even though we believe that health conditions in California industries compare very favorably with other states, it is not surprising that we continue to receive many reports of hazardous exposures and diseases of occupational origin.

It should be noted that the increased industrialization in California is spreading throughout the state so these problems are no longer limited to the metropolitan areas.

It is essential that we continue the development of an occupational health program that is effective, that is acceptable to management and labor, that is economic in administration and application, and that will lead to optimum health for our working population. In doing this we need to avoid duplication of activities in state and local agencies.

Such a program may well embody further study of the causes and methods of prevention of the older and better-known occupational diseases and wider application of current knowledge to new plant design; further study and investigation of the effects of the newer materials and their safe use; and further extension of occupational health services.

Numerous reports coming from industry at the present time attest to the substantial values obtained from in-plant preventive medical, nursing, and industrial hygiene engineering programs.

The continued interest of the local health departments in the problems of occupational health, and the further development of local programs in this field should aid in the attainment of fewer occupational diseases, less absenteeism, lower costs of production, increased goodwill of employees, and many other benefits to our population as a whole. The appropriate committee of the conference will be receiving additional information from the department in this field during the coming year.

VENEREAL DISEASES

Despite great strides in venereal disease control, complete control is not imminent. Six thousand five hundred cases of syphilis and 16,000 cases of gonorrhea were reported in 1953. The continuing program for the next several years should intensify specific control efforts by identifying and reducing pockets of high resistance. Intensive case finding efforts should be focused on the approximately 500 cases of primary and secondary syphilis that are reported each year.

Cases of latent syphilis should be sought out and brought to medical supervision and treatment. Concentrated effort will be necessary to further reduce the reservoir of gonorrhea.

As a result of the elimination from the federal budget of the item for funds to support special venereal disease projects, the Treponema Pallidum Immobilization Test Project as currently conducted will be discontinued on June 30, 1954. We have under consideration the establishment of a unit for the performance of this diagnostic test for syphilis in the State Division of Laboratories. If it is determined that this is advisable, an attempt will be made to add this to the services of the State Laboratory. This matter will come before the Communicable Diseases and Laboratory Committee of the conference.

ACUTE COMMUNICABLE DISEASES

In the field of acute communicable disease control there are also some developments of interest. The plan for the distribution and use of gamma globulin for the current season has already been announced. You have undoubtedly noted the liberalization of restrictions from last year.

At this time of year poliomyelitis assumes importance in our planning. You are all aware by now, of course, that southern Alameda County is participating in the nation-wide trial of the Salk vaccine. Of significance to us in this field trial is the participation of the State Viral and Rickettsial Laboratory in testing the antibody response in a sample of the inoculated children in California, Nevada, Texas and New Mexico. The grant of funds that came to the department for this purpose from the N.F.I.P. coupled with a second N.F.I.P. grant for study of laboratory diagnostic procedures, may open the door to the development of test procedures that will provide a definitive laboratory diagnostic test for poliomyelitis.

It is hoped, of course, that we may be approaching the day when poliomyelitis will be just another one of the conquered diseases. We hope the participation of our State in the current program may further that objective.

ENVIRONMENTAL SANITATION

In the field of environmental sanitation there are several developments that are of mutual interest to us. The State Board of Public Health has recently appointed a Technical Advisory Committee in Sanitary Engineering. There is every reason to believe that this will make a real contribution to the department in discharging its responsibility in this important field.

RADIOLOGICAL HEALTH

The problem of radiological health services in State Government is currently under study by a Senate Committee. As we move further into the atomic age, with increasing use of radioactive isotopes, the necessity for careful and coordinated planning becomes progressively more important so that we may learn to live safely with this new potential health hazard. This department is one of several departments of the State requested to participate in the preparation of a report on this subject for the Legislature.

AIR POLLUTION

I will at this time only reiterate that as our State becomes increasingly industrialized and densely populated the public health significance of atmospheric pollution grows apace. We should be ever ready to extend whatever assistance we can toward a solution of this problem.

WATER POLLUTION

Some steps have been taken by your conference and our department in clarifying working relationships with the State and Local Water Pollution Control Boards. Here is a difficult administrative relationship. However, I'm confident that studies currently under way in your conference will help clarify this problem.

VECTOR CONTROL

The conference has already devoted much time to the consideration of problems of vector control. There are several matters in this field on which we would solicit your continued assistance during the coming year. The place of vector control in your local public health programs and its administrative integration into your sanitation sections will be considered by your Committee on Environmental Sanitation. Consideration will be given to the changing pattern and problems in mosquito and fly control.

REFUSE DISPOSAL

The rapid and continuing growth of our State is markedly accentuating problems in refuse disposal. Preliminary indications from a survey now under way are that over 90 percent of the communities of California have inadequate and insanitary refuse disposal at present. They range from conditions of faulty operation to those of utter disregard. A solution to this growing problem will require our combined ingenuity.

DENTAL HEALTH

Dental disease constitutes one of our major public health problems. In the fluoridation of public water supplies, we have an effective tool to minimize dental

caries, but this procedure is being attacked through vicious propaganda of various types. As public health officials, it is our duty to do all we can to promote this beneficial and effective public health measure. I'm sure you will be giving further thought and consideration to this matter during the coming year.

OTHER DEPARTMENT PROJECTS

In the beginning of these comments I suggested that we are gradually undergoing a transition as local health departments become progressively more self-sufficient. The State Department of Public Health is becoming more and more the consultative and investigative arm of our total state-wide public health organization. I visualize that an increasing proportion of our energies will be in the direction of evaluation, devising better ways to do things, trying out these new techniques, and getting more facts together on which to base administrative action. I've already indicated several areas in which this is actually occurring: the current morbidity study, evaluation of the child health conference, polio vaccine evaluation, development of new diagnostic test procedures, and extension into the epidemiology of chronic diseases.

There are a few other projects that you will want to hear about that I hope you will be participating in as time goes on. One is the Home Safety Project recently developed in our Division of Environmental Sanitation. For this project we have a three-year grant of funds from the Kellogg Foundation.

A second is another grant from the Kellogg Foundation now under consideration for the development of a five-year program to investigate the practicability of a public health program for the prevention of blindness.

The Rockefeller Foundation has agreed to assign Dr. Harold Johnson, noted virologist and rabies specialist, to our virus laboratory, together with a supporting team, for an indefinite period to assist in the studies of encephalitis, with special emphasis upon attempts to elucidate the etiology of the heretofore unidentifiable cases of this clinical syndrome.

In all of these and other projects we shall from time to time be soliciting your advice and aid either collectively or individually.

I think the above is sufficient to indicate that we in the State Health Department are looking forward to an active and stimulating year. We hope that in our search for better and more effective methods, we may be of increasing assistance to you of the Conference of Local Health Officers, who really do the job.

State Plan for Hospital Construction Being Prepared for 1954-1955

In administering the Hospital Survey and Construction Program, the State Department of Public Health each year develops a state plan which evaluates the relative need of the various communities of the State for additional hospital and health facilities. The State Advisory Hospital Council and the department held a public meeting in Los Angeles April 23d to consider the development and preparation of the 1954-1955 state plan.

When the state plan is completed and prior to its submission to the Surgeon General of the Public Health Service for approval, public hearings will be held in Los Angeles and San Francisco as in past years to provide opportunity for interested organizations to review and comment upon the 1954-1955 plan. Probably in August, after federal allocations to the states have been made, the council will conduct public hearings on individual applications for the federal and state funds available during the 1954-1955 Fiscal Year.

At the recent Los Angeles meeting the council gave extensive consideration to factual data and other information regarding utilization of hospital facilities in California during 1952, and reviewed the population trends throughout the State as reflected by population growth between 1950 and 1953.

In certain areas of the State, hospitals are experiencing high occupancy, of beds, indicating a shortage of facilities for the population. In some of these areas hospitals are forced to discharge patients after relatively short stays in order to admit new patients requiring hospital services. In other areas of the State there are inadequate facilities to provide a reasonable measure of the need or demand for hospital services.

Population growth in California during the past three years of approximately 1,250,000 has resulted in very significant increases in some areas, while other areas show relatively small increases in population.

The council recommended to the department that the 1954-1955 state plan consider the analysis of hospital experience and population increases throughout the State in establishing priority sequence for allocation of funds available for 1955.

The council recommended continuation of the policies relating to chronic diseases and mental hospitals which were incorporated in the 1954 state plan.

In regard to planning for tuberculosis facilities, the council requested the United States Public Health

Review of Reported Communicable Diseases Morbidity—April, 1954

Diseases With Incidence Exceeding the Five-year Median

Diseases	April, 1954	April, 1953	April, 1952	5-year median
Chickenpox	8,056	6,469	9,647	6,469
Hepatitis, infectious	207	116	48	48
Malaria	2	8	2	1
Measles	10,950	9,961	10,885	9,961
Meningitis, meningococcal	27	50	53	24
Polio myelitis	89	86	49	49
Salmonella infections	73	68	64	41
Shigella infections	60	98	60	29
Streptococcal infections, respiratory, including scarlet fever	1,005	912	1,009	866
Typhoid fever	6	3	7	3

Diseases Below the Five-year Median

Diseases	April, 1954	April, 1953	April, 1952	5-year median
Amebiasis	26	45	34	35
Coccidioidomycosis (disseminated)	7	11	7	8
Food poisoning	13	172	173	128
German measles	1,142	3,046	2,580	2,580
Influenza	52	213	484	213
Mumps	4,035	5,198	4,471	5,024
Pertussis	232	299	443	299
Rabies, animal	18	19	24	19
Tetanus	2	4	4	4

Venereal Diseases

Diseases	April, 1954	April, 1953	April, 1952	5-year median
Syphilis	659	611	768	768
Gonococcal infections	1,278	1,540	1,460	1,540
Chancroid	10	19	28	1
Granuloma inguinale	1	—	—	—
Lymphogranuloma venereum	3	6	9	1

¹ Median not calculated.

Service and the Federal Hospital Council consider revision of federal regulations to permit the State to allocate funds for additional tuberculosis facilities. This action was requested because under current federal requirements the estimate of tuberculosis beds is based upon 2.5 times average annual tuberculosis deaths. Reported experience in California indicates that although deaths from tuberculosis have decreased during the past several years the number of patient days of care for tuberculosis patients has been steadily increasing since 1940.

C. Verner Thompson, M.D., Lodi, and Mr. George J. Badenhansen, Administrator of Harriman Jones Clinic Hospital, Long Beach, recently appointed members of the council, participated in their first meeting. Representatives of the California Hospital Association, the Hospital Council of Southern California, and numerous other public and community organizations attended and participated in the meeting.

State Virus Laboratory Chosen to Test Polio Vaccine

Tests to measure effectiveness of the poliomyelitis vaccine used in the recent field trials in Alameda County will be conducted in the Viral and Rickettsial Laboratory of the State Department of Public Health. This laboratory is one of 15 in the Nation which possesses adequate facilities and competency to perform the tests.

In addition to testing blood samples from Alameda County, the State Laboratory in Berkeley will test blood samples from Texas, Nevada and New Mexico school children. The tests run here are just a segment of a national vaccine evaluation program. The laboratory work is being financed by the National Foundation for Infantile Paralysis.

For California, tests are being performed on blood samples taken from some 200, or approximately 2 percent, of the school children who participated in Alameda County as part of nation-wide poliomyelitis vaccine field trials. The first samples were taken prior to the vaccine inoculation and additional samples will be taken from the same children sometime after the last of three injections.

There are many important questions concerning the effectiveness of the vaccine which can be determined only through laboratory tests and field observations during this year's polio season. The most important question, of course, is: Will the vaccine prevent paralytic poliomyelitis?

By determining the level of antibodies in the blood before and after the inoculations, the laboratory tests can establish the effectiveness of the vaccine in developing antibodies. Also measured will be how long the antibodies remain in the blood.

Close observations and checks will be maintained through the polio season on the children who participated in the California trials.

The tuberculosis death rate in the United States dropped from 183.9 per 100,000 in 1900-1903 to 12.6 in 1953; the rate will probably fall to about 10 per 100,000 in 1954. Whereas the disease outranked every other cause of death at the turn of the century, it has since been reduced to tenth place; at the same time its toll has decreased from 11 percent to little more than 1 percent of all deaths.

Despite the splendid record of achievement in reducing the death toll from tuberculosis, the disease still ranks among the important public health problems in this country.—*Statistical Bulletin, Metropolitan Life Insurance Co., April 1954.*

Cooperative Studies on Encephalitis With Rockefeller Foundation

For the past few years the Rockefeller Foundation, through its Division of Medicine and Public Health, has been conducting an intensive study in several parts of the world on the problem of arthropod-transmitted encephalitides. The foundation has now arranged with the State Department of Public Health to carry on a cooperative study of Western equine and St. Louis encephalitis in California. A fund of approximately \$15,000 has been made available by the foundation to carry on the study to the end of this calendar year. Additional funds will be provided next year, and additional personnel will be assigned to work with the department when needed.

Dr. Harold N. Johnson, a member of the field staff of the Division of Medicine and Public Health of the Rockefeller Foundation, has been assigned to the department beginning July 1st, to initiate certain phases of the study. He will be assisted by technical laboratory personnel, also supplied by the foundation.

The study will be carried on in the Viral and Rickettsial Laboratory of the State Department of Public Health, headed by Dr. Edwin H. Lennette.

While the study will be primarily concerned with various aspects of Western equine and St. Louis encephalitis problem, it is contemplated that studies will be undertaken later of the other encephalitides whose causes are unknown at present.

Four-week Health Education Workshop Scheduled at U. C. L. A.

A four-week health education workshop will be held at U. C. L. A. June 21st through July 16th with program emphasis on resources, planning and action to improve the quantity and quality of school-community health education.

The workshop is planned to include all members of the school-community health team—administrators, teachers, health educators, health coordinators, nurses, school physicians, dentists, community leaders and parents.

The workshop staff will include Ruth Abernathy and Ethel Bell, of U. C. L. A.; Blanche Bobbitt, Los Angeles City Schools; Naomi Hall, Los Angeles County Tuberculosis and Health Association; Bernice Moss, University of Utah; J. Albert Torribio, Los Angeles City Health Department, and Lloyd Webster, Los Angeles County Schools Office. Edward Johns, U. C. L. A., will be coordinator.

Chronic Diseases Gain in Importance As Leading Causes of Death

Analysis of causes of death in California during the four decades from 1910 to 1952 show phenomenal decreases in the death rates from tuberculosis, pneumonia and influenza, and in the category "all other causes," which includes many other communicable diseases. With the gain in control of communicable diseases, more people are living out their life span, the population of the State is becoming older, and the death rates from chronic diseases have become higher and of much greater significance from the public health point of view.

During the four decades summarized here the death rate from all causes in California has been decreasing steadily. The fact that the greatest increases have been in the death rates from chronic diseases indicate that many public health problems lie in this field.

In analyzing these death rates two important factors are to be considered. First, a death is coded to the underlying cause only and the contributing cause is not shown. Second, the effect of revisions of the International List of Causes of Death must be taken into consideration in any analysis of trend data.

Even after taking these factors into consideration, the important relationships noted here appear.

Death Rates From Important Causes—California 1910-1952
(Rate per 100,000 population)

	1910	1920	1930	1940	1950	1952*
Total, All Causes.....	1,346.9	1,327.8	1,160.5	1,162.1	931.2	935.1
Heart diseases.....	178.0	198.5	259.1	356.4	360.8	355.5
Cardiovascular-renal diseases except heart diseases.....	171.6	194.9	167.3	156.5	147.7	152.1
Cancer.....	83.7	106.9	125.6	146.6	141.3	144.1
Accidents.....	93.5	85.6	91.8	89.2	60.5	62.7
Congenital malformations and diseases of early infancy.....	56.2	62.7	43.6	42.1	48.3	49.8
Pneumonia and influenza.....	102.5	161.1	83.4	58.9	18.6	23.8
Tuberculosis.....	204.1	156.3	99.1	56.3	21.7	15.5
All other causes.....	457.3	361.8	290.6	256.1	132.3	131.6

* Rates for 1952 calculated on estimate of total resident population of the State as prepared by State Department of Finance.
Source: U. S. Bureau of the Census, "Vital Statistics Rates in the United States, 1900-1940," Table 20, p. 332.
State of California, Department of Public Health, Death Records.

"I know no safe depository of the ultimate powers of society but the people themselves; and if we think them not enlightened enough to exercise their control with a wholesome discretion, the remedy is not to take it from them, but to inform their discretion by education."—Thomas Jefferson.

Sanitation Symposium

The California Association of Sanitarians, with the National Sanitation Foundation as co-sponsor, is holding its third annual state-wide symposium on environmental sanitation in Fresno June 3d-5th. Subjects include various aspects of radiation and housing. Walter D. Tiedeman, of the National Sanitation Foundation, will be guest speaker at the annual banquet.

The California Association of Sanitarians, with a membership of about 500, has been recently formed to integrate into one organization what has previously existed as three separately chartered sections of the National Association of Sanitarians—Northern California, Southern California, and San Diego.

Engineering Advisory Committee Views Sanitation Problems

The State Board of Public Health has appointed as one of its new advisory committees one on sanitary engineering. The initial meeting of this committee was held recently in Los Angeles, with nine of the ten members present. After reviewing the over-all program and considering the interests of the State in sanitary engineering problems, the committee recommended action on the following three matters:

1. That the State Board of Public Health should not modify the effective date of June 1, 1954 on its order to the City of Los Angeles to stop the discharge of raw or inadequately treated sewage to the Los Angeles River.
2. That the State Board of Public Health should reiterate its advice to the City of Los Angeles, as given in a letter dated March 19, 1953, that a complete engineering survey of the Los Angeles metropolitan area sewage disposal problem, including collection, degree of treatment, and disposal areas be undertaken; and that similar letters be sent to Los Angeles County Board of Supervisors and the Cities of Glendale, Burbank and San Fernando.
3. That the department staff should cooperate with the University of California and the League of California Cities to develop practical methods for disposal of garbage and combustible rubbish, with particular attention to problems of small cities.

printed in CALIFORNIA STATE PRINTING OFFICE

9-4322-E 9-24 9,500

Documents Division
General Library
Univ. of Michigan
Ann Arbor, Mich.

ed
ry
ee
he
all
te
ec-

ld
its
ge
os

ald
as
m-
ro-
col-
be
Los
ties

with
of
for
with